

PAST PERFORMANCE QUESTIONNAIRE (PPQ)

SECTION I: CONTRACTOR INFORMATION

A. Your Company Name and Address:

B. Phone /Fax #: _____

C. Point of Contact/email address: _____

D. Authorization is hereby granted to provide the information requested in SECTION II and III of this questionnaire.

Signature of Authorized Contractor Representative

Date

Printed Name and Title of Authorized Contractor Representative

SECTION II: RESPONDENT INFORMATION:

A. Client/Reference Name and Address: _____

B. Phone/Fax #: _____

C. Point of Contact/email address: _____

D. Reference Contract Number: _____

Project Title _____

Contract Value/Type: _____

Period of Performance: _____

How long have you worked with the contractor: _____

More detailed description of the work performed _____

E. Date completed: _____

Past Performance Evaluation Ratings	
Rating	Description
Acceptable	Based on the offeror's performance record, the Government has a reasonable expectation that the offeror will successfully perform the required effort, or the offeror's performance record is unknown
Unacceptable	Based on the offeror's performance record, the Government has no reasonable expectation that the offeror will be able to successfully perform the required effort.

SECTION III: PERFORMANCE EVALUATION

A.	CONTRACT PERFORMANCE		
1.	Working relationship with your Company?		
2.	How well did the contractor provide experienced workers, managers and supervisors with the technical and administrative abilities needed?	A	U
3.	Did the contractor exhibit knowledge of and compliance with government (or other) regulations and industry standards?	A	U
4.	How well did the contractor provide and properly maintain operational equipment throughout the term of the contract?	A	U
5.	Did the contractor demonstrate the ability to hire, maintain, and replace, if necessary qualified personnel during the contract?	A	U
6.	How well did the contractor comply with Environmental, health, labor laws, safety and security requirements?	A	U
7.	How well did the contractor coordinate and control subcontractors, if any?	A	U
8.	Contractor's Overall Performance	A	U
B.	QUALITY OF SERVICE/CONTROL		
1.	Contractor's accomplishment in meeting the quality standards	A	U
2.	The contractor provided an effective quality control plan or inspection procedures to meet contract requirements? If no, please explain.	A	U
3.	Contractor identified and corrected deficient Work	A	U
4.	Contractor's Overall Quality of Workmanship	A	U
C.	TIMELINESS OF PERFORMANCE		
1.	How well did the contractor comply with the contract schedule?	A	U
2.	Did the contractor provide timely and accurate records, submittals, and/or reports?	A	U
3.	How well did the contractor resolve any delays?	A	U

REMARKS: For ratings of unacceptable, please provide remarks to describe the reasons for the rating. If additional remarks are necessary, please attach an additional sheet.
